

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pile</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>124</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>629</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or			
City of _____	No. <u>3023 Turkey Shout Canon</u> Ward)		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Jesus Delgadillo</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>1</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>Dec. 25, 1922</u>	(Month, day, year)
8. Full name FATHER <u>Salvador Delgadillo</u>		14. Full maiden name MOTHER <u>Encencia Munoz</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Galisco</u>		18. Birthplace (city or place) <u>Galisco</u>	
(State or country) <u>Mexico</u>		(State or country) <u>Mexico</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5:30</u> p.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u>	
		(Physician or midwife)	
Given name added from supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)		Filed <u>12/31/22</u> , 19 <u>23</u> <u>B. H. Kelly by C. E. Dwin</u>	
Registrar. <u>146-1225-149</u>		Local Registrar. <u>B. H. Kelly</u>	
		County Registrar. <u>B. H. Kelly</u>	